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An 'invisible' workforce

ANA works to support public health nursing and public health infrastructure

By Susan Trossman, RN

Nearly 14 years ago, public health nurse Mary J. Finnin, MSN, RN, began examining the incidence of AIDS and HIV among patients served through the Suffolk County, NY, health centers. At that time, U.S. Center for Disease Control and Prevention (CDC) officials were focusing their attention on developing and promoting HIV/AIDS prevention strategies that targeted the nation's most high-risk group: white, homosexual men. But Finnin's community assessment revealed something different.

She learned that the majority of these patients who were living with AIDs or were HIV-positive were African American or Hispanic, and 40 percent were women. The stats also showed that they contracted HIV and AIDS primarily through IV drug use and heterosexual exposure.

"What we discovered was that our trends were very different from the national trend," said Finnin, RN, president of District 19, New York State Nurses Association (NYSNA). By identifying who was at risk in her community and offering a range of preventive care, screening and early intervention services aimed at them, she and her public health colleagues were able to make real improvements in the health of Suffolk County residents. (The number of cases of HIV transmission from mother to baby alone went from more than 15 cases annually to zero following the implementation of the new strategies.)

"We also persuaded the CDC to change its guidelines to better address the needs of other high-risk populations, including women," Finnin said.

Fast forward to the new millennium — a time in which the public has been forced to think about new and frightening threats to their health, such as anthrax, smallpox, the West Nile virus and SARS. And while the need for public health nurses and a solid public health infrastructure seems to be needed more than ever, nurses and other public health officials continue having to fight to keep their services from the budgetary chopping block.

Montana's nearly 120 public health nurses are definitely "hitting a wall" as they try to juggle more and more responsibilities with fewer resources, said Jo Ann Dotson, MSN, RN, maternal child health director for the Montana Department of Public Health and Human Services. Commissioners in one Montana county, for example, just voted



to do away with its public health nursing budget, and a number of the counties fund less than one day a week for public health nursing services, said the Montana Nurses Association member.

"People talk about bioterrorism and our need to be prepared," Finnin said. "Public health nurses are the eyes and ears in the community. They have the expertise to spot trends, do case finding, screen for diseases and make referrals.

"When we decrease the number of public health nurses and the services they provide to the community — that's germ warfare."

Making the 'invisible' visible

In 1999, the CDC released its list of the 10 great public health achievements of the century — many of which could not have occurred were it not for the contributions of public health nurses, according to Kaye Bender, PhD, RN, FAAN, the incoming chair of the American Public Health Association's Public Health Nursing section and a recipient

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of ANA's Pearl McIver Public Health Nursing Award. Among the achievements were healthier mothers and babies, the recognition of tobacco use as a health hazard, and a decline in deaths from coronary heart disease and stroke.

Yet when it comes to government services, the public generally views only a handful as vital, such as those provided by firefighters or police officers. After all, who wants to take a gamble on a reduced firefighting workforce when one's house could go up in flames? But ensuring a healthy population?

"Public health nurses are concerned with health promotion and disease prevention," said Bender, a Mississippi Nurses Association member. "Many studies have shown that most of the public does not think about public health and public health nursing unless it doesn't work or until they have a problem. So the work of public health nurses in many ways is invisible."

And people often don't get the concept of population-focused nursing practice. Or, they think that government-provided services only benefit the poor.

"Our concern as public health nurses in the District of Columbia is the health and welfare of our entire population," said Sharon Payne, RN, a public health nurse and nurse consultant with the Medical Assistance Administration of the DC Department of Health. "We make sure the population lives in a healthy environment, we build partnerships with other stakeholders to ensure everyone has access to care, we educate and empower the community, and we advocate and provide primary prevention services."

And although public health nurses work with the vulnerable and the underserved, their activities promote health within the entire community, contends Payne, president of the DC Nurses Association. For example, public health nurses are part of a program called the "48-hour Newborn Initiative," which guarantees an RN visit to any family with a newborn — regardless of income.

Alaska Nurses Association member and public health nurse Hisa Fallico, BSN, RN, agreed that the notion of public health touching all is one that is often lost among consumers.

"People don't make the connection that the hand-washing we're teaching in schools and other public facilities — or the immunizations we give — make the rest of the world safe," said Fallico, program manager for the Department of Health and Human Services, Disease Prevention and Control program based in Anchorage.

Fallico pointed to her department's work. During the July to September back-to-school rush, public health nurses immunized more than 3,500 children. They also saw 2,700 clients as part of their tuberculosis oversight program and performed 975 PPDs during the same time frame.

Her department also is working with Environmental Services on a new public health threat — the influx of rats, once a non-issue in the cold climate of Alaska. And her community recently had to deal with the first suspected case of SARS in Alaska, which tested the ability of emergency response and health care providers to prevent a

potential outbreak while allaying the fears of the public. (The case was negative.)

Even when the public has direct contact with public health nurses, they often don't realize it.

"We don't wear a uniform, a badge or a white coat," Fallico said. "We don't have a stethoscope dangling from our neck, and we often are out in the community or in a clinic." Fallico said public health nurses within her state and others have often been mistaken for school nurses, Red Cross nurses, hospital nurses or even health aides who are helping out in the community.

But ANA and RNs nationwide hope to bring the work of public health nurses and the importance of public health to the forefront as health care policy is shaped.

At ANA's June House of Delegates meeting, nurse leaders passed a resolution that calls for ANA to advance the crucial nature of the public health nurse's role in promoting and protecting the health of individuals, families and communities.

"I am so pleased that this measure passed," Bender said. She said the resolution comes at a critical time when nurses are in short supply and attempts to substitute registered nurses in public health roles have resurfaced. Like their hospital staff nurse counterparts, public health nurse jobs are often viewed as solely "skills-oriented."

The resolution also calls for ANA to persuade policymakers to invest in information systems technology and training to strengthen the public health infrastructure — particularly in this post-9/11 world. Bender said that the use of technology has been lagging in most public health departments, although the recent infusion of federal dollars to help public health departments prepare for bioterrorist events and other disasters has helped.

The resolution also directs ANA to advocate for federal funds to health departments to attract, retain and continually enhance the role and compensation of public health nurses; for the better enumeration of public health nurses; and for further development and implementation of quality indicators that are sensitive to public health nursing functions.

Other actions

A large part of Dotson's role in Montana has been to educate the public, and particularly county commissioners, about their responsibilities to protect the public's health — such as tracking and reporting communicable diseases. She also routinely explains to lawmakers ways in which public health nurses function within the community. Unfortunately, many of those ways have been subject to tradition and political whim.

"There is very little understanding as to what public health ought to be," Dotson said. "Particularly in the small communities, if a county commissioner's mom or somebody's aunt needs foot care, then the commissioners believe that's what public health nurses ought to be doing."

As government funding dwindles further, Dotson believes public health nursing departments across the nation need to focus more sharply on what the CDC refers to as the three core functions of public health: assessment,

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policy-making and assurance.

“That means as public health providers, we must do a needs assessment of our community, make sure policy-makers have the right information to make good policy and then make sure all residents have access to the services they need to remain healthy,” she said.

Public health nurses also are concerned about improving public health education within nursing school programs, particularly because they want to ensure that there are RNs willing and able to follow in their footsteps.

“We need to develop curricula that show how nursing knowledge and skills can be applied to not only individuals, but also to populations,” Payne said. And she and other nurses said that nursing students need to be given a broader range of clinical opportunities in public health, as opposed to limiting their experiences to giving shots at a clinic.

Payne also believes her colleagues should work to develop and implement clear public health nursing tracks within their health departments. These tracks would serve as a way to unify public health nurses working in various divisions, such as maternal-child health and communicable diseases, as well as provide a way for nurses to advance their careers without having to leave the profession.

And in New York, Finnin recently worked to get NYSNA delegates to pass a public health nursing resolution similar to the one ANA nurse leaders approved earlier this year. Finnin’s resolution, however, included a measure that calls for state and county health departments to have directors of public health nursing in place.

By having qualified professional nurse directors, there is a better chance of ensuring that public health nurses’ voices are heard when policies are developed and implemented, according to Finnin. County nurses also testified before Suffolk County lawmakers, urging them to prevent

deeper cuts in public health bureau staff, which decreased from 160 in 1990 to 68 currently.

Fallico said that the public health infrastructure and public health nursing currently are in transition.

“Right now, there is a lot of emphasis on bioterrorism and emergency preparedness,” Fallico said. “But I believe the pendulum is swinging back toward the middle, and we’ll be able to regain focus on prevention and preparedness.”

Not bleak

The public health nurses interviewed for this story agreed that they have and will continue to face challenges — from budget cuts to image problems. But they also clearly enjoy their roles as public health nurses. They enjoy the autonomy of their practice, as well as the camaraderie within their work environment. And while there undoubtedly is a portion of the population who will never understand public health and public health nursing, there are still clients every day who do understand and appreciate the knowledge, skills and caring that public health nurses provide. (For example, the public rallied around nurses when Suffolk County began cutting public health nurse positions and clinics.)

“We also have the ability to impact the health of an entire population when we create and implement good policies,” Dotson said.

As a nurse for 50 years, Finnin said that she has been involved in many models of health care. While hospitals seem to focus on medical models — or financial models — public health allows RNs to practice the nursing model of care in the community.

“It’s really a professional practice,” she said. ■

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